Dr.

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	1900	712110
O.I.P.E. CLASSIFIER		15	777700
FORMALITY REVIEW	A	525	CE 120/11
RESPONSE FORMALITY REVIEW			100/20/00

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
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(Through numeral) Canceled: Restricted			A Appeai O Objected			
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10 7 4 3		60		110		
DV = =		61		111 .		
12//=/=/		62		112		
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14 1 0		64		114		
15 // 0		65		115		
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24) = =	 	74		124	+++++	
25 / = =	 	75		125	 	
26 V = 2		76		126		
27 / = =		77		127		
28/1/		78		128		
29W = 5		79		129		
730VV = S		80		130		
31		81		131		
32		82		132		
33		83		133		
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49		99		149	 ┃	
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If more than 150 claims or 10 actions staple additional sheet here

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